

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET  
(FOR USE WITH FORM PTO-875)**

SERIAL NO.

16/573602

FILING DATE

APPLICANT(S)

**CLAIMS**

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
1	/		/				51						
2	/		/				52						
3	/		/				53						
4		/		/			54						
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7		/		/			57						
8		5		00			58						
9		/		/			59						
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47							97						
48							98						
49							99						
50							100						
TOTAL IND.		↓	10	↓		↓	TOTAL IND.		↓		↓		↓
TOTAL DEP.		←	7	←		←	TOTAL DEP.		←		←		←
TOTAL CLAIMS			11				TOTAL CLAIMS						